

RECEIVED,
SECRETARY OF THE SEN

05 FEB 26 AM 11:4

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
---	--

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Associated Wire Rope Fabricators			
2. Address <input type="checkbox"/> Check if different than previously reported 201 West 5th, Suite 501, Tulsa, OK 74103			
3. Principal Place of Business (if different from line 2) City: Novi State/Zip (or Country) MI 48377			
4. Contact Name J. Barry Epperson	Telephone (918) 585-5641	E-mail (optional)	5. Senate ID # 4835-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 3152400

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-Dec)9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> *Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> *Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> *Method C. Reporting amounts under section 162 Internal Revenue Code</p>
---	---

Signature

see 990-T attached plus 990 w

Printed Name and Title

J. Barry Epperson, General Counsel, Chairman, Government Affairs

Signature..... Date

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

Registrant Name: Associated Wire Rope Fabricators Client Name: Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code HRC (one per page)

16. Specific lobbying issues

H.R. 660; S. 545; H.R. 4281:

Nonprofit associations' rights to facilitate the provision of health care packages to members and their employees.

17. House(s) of Congress and Federal agencies contacted [] Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Table with 2 columns: Name, Covered Official Position (if applicable). Row 1: J. Barry Epperson, General Counsel and Chairman, Government Affairs Committ

19. Interest of each foreign entity in the specific issues listed on line 16 above [x] Check if None

Signature _____ Date _____

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

Associated Wire
Registrant Name Rope Fabricators

Client Name Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code TAX (one per page)

16. Specific lobbying issues

H.R. 1313:

Restoration of income tax deduction for travel expenses of a taxpayer's spouse for business travel.

17. House(s) of Congress and Federal agencies contacted

Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committ

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature _____ Date _____

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs

EX-100-000

Associated Wire
Registrant Name: Rope Fabricators Client Name: Self

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code TOR (one per page)

16. Specific lobbying issues

H.R. 1115; S. 274; S. 2062:

Class action removal to federal courts.

17. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
J. Barry Epperson	General Counsel and Chairman, Government Affairs Committee

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title J. Barry Epperson, General Counsel, Chairman, Government Affairs (

11/13/2008

Registrant Name _____ Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code _____ (one per page)

16. Specific lobbying issues

17. House(s) of Congress and Federal agencies contacted Check if None

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature *J. Barry Esperson* Date *Feb 15 2*

Printed Name and Title J. Barry Epperson

Form LD-2 (Rev. 6/98)

Page 6

2004 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING
December 31, 2004

Prepared for

Associated Wire Rope Fabricators
28175 Haggerty Road
Novi, MI 48377

Prepared by

Janz & Knight, P.L.C., CPAs
300 East Long Lake Road, Suite 360
Bloomfield Hills, MI 48304-2377

Amount of tax

Total Estimated Tax	\$	2,800
Less credit from prior year	\$	0
Less amount already paid on 2004 estimate	\$	0
Balance due	\$	2,800

Payable in full or in installments as follows:

Installment	Amount	Due Date
No. 1	\$ 700	Immediately, please <i>Spd. ck. #</i>
No. 2	\$ 700	June 15, 2004 <i>pd ck #1079</i>
No. 3	\$ 700	September 15, 2004
No. 4	\$ 700	December 15, 2004

Make check payable to

Payment must be deposited with deposit coupon Form 8109 in authorized commercial bank depository or federal reserve bank

Mail voucher and check (if applicable) to

Do not send remittance to the IRS. On Form 8109, be sure to darken the box for 990-T.

Special Instructions

Write the organization's employer identification number on "2004 Form 990-T" on the check or money order.

Due to the Economic Growth and Tax Relief Reconciliation Act of 2001, the organization may pay \$140 of the September 20 installment by October 1, 2004.

Form **990-T** **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) OMB No. 1545-0047 **20**

Department of the Treasury Internal Revenue Service For calendar year 2003 or other tax year beginning and ending

A Check box if address changed

B Exempt under section 501(c)(6) 408(a) 220(e) 408A 530(a) 529(a)

Please Print or Type

Name of organization (check box if name changed and see instructions) **Associated Wire Rope Fabricators**

Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) **28175 Haggerty Road**

City or town, state, and ZIP code **Novi, MI 48377**

Employer identification number (EIN) **74-1878**

NEW unrelated bus. (see instructions for on page 7.) **541800**

C Book value of all assets at end of year **388,929.**

F Group exemption number (see instructions for Block F) **▶**

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. **▶ See Statement 5**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ Jeff Gilbert** Telephone number **▶ 248-994-71**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C)
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit (subtract line 2 from line 1c)	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 18) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11	17,615.	7,000.
12	Other income (see instructions - attach schedule)	12		
13	TOTAL (combine lines 3 through 12)	13	17,615.	7,000.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)		(Except for contributions, deductions must be directly connected with the unrelated business income.)	
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (see instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions (add lines 14 through 28)	29	
30	Unrelated business taxable income before net operating loss deduction (subtract line 29 from line 13)	30	1
31	Net operating loss deduction	31	
32	Unrelated business taxable income before specific deduction (subtract line 31 from line 30)	32	1
33	Specific deduction (Generally \$1,000, but see instructions for exceptions)	33	
34	Unrelated business taxable income (subtract line 33 from line 32). If line 33 is greater than line 32, enter the smaller of zero or line 32	34	

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form):
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization Associated Wire Rope Fabricators	Employer identification number 74-1878195
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 28175 Haggerty Road	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Novi, MI 48377	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until August 16, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2003 or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Herbert E. Zuck Title ▶ CPA Date ▶ 5/10/04
LHA For Paperwork Reduction Act Notice, see instruction JLNZ & KNIGHT, P.L.C. 38-1458667
400 E. LONG LAKE RD. - SUITE 360
L'ANONFIELD HILLS, MI 48304-2977 Form 8868

Form 990-T (2003)

Associated Wire Rope Fabricators

74-1878195

Part III Tax Computation

35 Organizations Taxable as Corporations (see instructions for tax computation).
 Controlled group members (sections 1561 and 1563) - check here See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) additional 5% tax (not more than \$11,750) \$ _____
 (2) additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 85c 1
 36 Trusts Taxable at Trust Rates (see instructions for tax computation) Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 86
 37 Proxy tax (see instructions) See Statement 6 37
 38 Alternative minimum tax 38
 39 Total (add lines 37 and 38 to line 35c or 36, whichever applies) 39 2

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
 b Other credits (see instructions) 40b
 c General business credit - Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) 40c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
 e Total credits (add lines 40a through 40d) 40e
 41 Subtract line 40e from line 39 41
 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
 43 Total tax (add lines 41 and 42) 43
 44a Payments: A 2002 overpayment credited to 2003 44a
 b 2003 estimated tax payments 44b
 c Tax deposited with Form 8868 44c 2,797.
 d Foreign organizations - Tax paid or withheld at source (see instructions) 44d
 e Backup withholding (see instructions) 44e
 f Other credits and payments (see instructions) 44f
 45 Total payments (add lines 44a through 44f) 45
 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
 47 Tax due - If line 45 is less than the total of lines 43 and 46, enter amount owed 47
 48 Overpayment - If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48
 49 Enter the amount of line 48 you want: Credited to 2004 estimated tax 345. Refunded 49

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 15.)

1 At any time during the 2003 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," the organization may have to file Form TD F 90-22.1. If "Yes," enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?

3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold - Enter method of inventory valuation N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. (Enter here and on line 2, Part I.)	7
3 Cost of labor	3		
4a Additional section 263A costs	4a	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	
b Other costs (attach schedule)	4b		
5 Total - Add lines 1 through 4b	5		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer _____ Date _____ Title _____

Preparer's Use Only: Preparer's signature *Kenneth E. Zink* Date *6/28/04* Check if self-employed Preparer's SSN or PIN *P001826*

Firm's name for you if self-employed, address, and ZIP code: *Janz & Knight, P.L.C., CPAs*
300 East Long Lake Road, Suite 360
Bloomfield Hills, MI 48304-2377

EIN *38-1458667* Phone no. *(248)646*

Form 990-T (2003)

Associated Wire Rope Fabricators

74-1878195

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (See Instr. c)

1 Description of property

Table with 3 main columns: (a) From personal property, (b) From real and personal property, and 3 Deductions directly connected with the income. Includes rows (1) through (4) and a Totals row.

Schedule E - Unrelated Debt-Financed Income (See instructions on page 16.)

Table with 5 main columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable. Includes rows (1) through (4) and a Totals row.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 16.)

Table for Exempt Controlled Organizations with 6 columns: 1 Name of Controlled Organization, 2 Employer Identification Number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column (4) that is included in the controlling organization's gross income, 6 Deductions connected with income.

Table for Nonexempt Controlled Organizations with 5 main columns: 7 Taxable income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column (9) that is included in the controlling organization's gross income, 11 Deductions direct with income in column (10). Includes a Totals row.

Form 990-T (2003)

Associated Wire Rope Fabricators

74-1878195

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (See instructions on page 18.)

Table with 5 columns: 1 Description of income, 2 Amount of income, 3 Deductions directly connected, 4 Set-asides, 5 Total and s. (col. 2) minus (col. 3) plus (col. 4). Totals: 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (See instructions on page 18.)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income, 3 Expenses directly connected, 4 Net income (loss), 5 Gross income from activity, 6 Expenses attributable, 7 Excess expenses. Totals: 0.

Schedule J - Advertising Income (See instructions on page 19.)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess expenses. Totals: 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part I, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1 Name of periodical, 2 Gross advertising income, 3 Direct advertising costs, 4 Advertising gain or (loss), 5 Circulation income, 6 Readership costs, 7 Excess expenses. Includes entry for Slingmakers.

Schedule K - Compensation of Officers, Directors, and Trustees (See instructions on page 19.)

Table with 4 columns: 1 Name, 2 Title, 3 Percent of time devoted to business, 4 Compensation attributable to unrelated business. Includes Total line.

Associated Wire Rope Fabricators

74-18

Form 990-T Description of Organization's Primary Unrelated Statemen
 Business Activity

The collection of advertising income for newsletters.

To Form 990-T, Page 1

Associated Wire Rope Fabricators

74-18

Form 990-T	Section 6033(e) Proxy Tax	Statement
1. Dues, assessments, and similar amounts received	279,281.	
2. Lobbying and political expenditures		2
3. Dues declared nondeductible in notices to members	0.	
4. Subtract line 3 from both lines 1 and 2	279,281.	2
5. Taxable lobbying and political expenditures (smaller of two amounts on line 4)		2
6. Proxy tax (line 5 times 35 percent) to Part III, Line 37		

Form 2220

Underpayment of Estimated Tax by Corporations

OMB No. 154

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to the corporation's tax return.

FORM 990-T

200

Name

Associated Wire Rope Fabricators

Employer identification number 74-1878195

Note: In most cases, the corporation does not need to file Form 2220. (See Part I below for exceptions.) The IRS will figure any penalty owed and bill the corporation if the corporation does not need to file Form 2220, it may still use it to figure the penalty. Enter the amount from line 36 on the estimated tax penalty line corporation's income tax return, but do not attach Form 2220.

Part I Reasons For Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220, even if it does not owe the penalty. If the box on line 1 or line 2 applies, the corporation may be able to lower or eliminate the penalty.

- 1 The corporation is using the adjusted seasonal installment method.
2 The corporation is using the annualized income installment method.
3 The corporation is a 'large corporation' figuring its first required installment based on the prior year's tax.

Part II Figuring the Underpayment

Table with 4 main rows and 5 sub-columns (5a-5e). Row 4: Total tax. Row 5a: Personal holding company tax. Row 5b: Look-back interest. Row 5c: Credit for Federal tax paid on fuels. Row 5d: Total. Row 6: Subtract line 5d from line 4. Row 7: Enter the tax shown on the corporation's 2002 income tax return. Row 8: Enter the smaller of line 6 or line 7.

Table with 9 rows (9-18) and 5 columns (a-e). Row 9: Installment due dates. Row 10: Required installments. Row 11: Estimated tax paid or credited for each period. Row 12: Enter amount, if any, from line 18 of the preceding column. Row 13: Add lines 11 and 12. Row 14: Add amounts on lines 16 and 17 of the preceding column. Row 15: Subtract line 14 from line 13. Row 16: If the amount on line 15 is zero, subtract line 13 from line 14. Row 17: Underpayment. Row 18: Overpayment.

Complete Part III on page 2 to figure the penalty. If there are no entries on line 17, no penalty is owed.

Form 990-T

Form 2220 (2003)

Associated Wire Rope Fabricators

74-1878195

Part III Figuring the Penalty

	(a)	(b)	(c)	(d)	(e)
18 Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). (Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)	19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2003 and before 10/1/2003	21				
22 Underpayment on line 17 x Number of days on line 21 x 5% 365	22	\$	\$	\$	\$
23 Number of days on line 20 after 9/30/2003 and before 1/1/2004	23				
24 Underpayment on line 17 x Number of days on line 23 x 4% 365	24	\$	\$	\$	\$
25 Number of days on line 20 after 12/31/2003 and before 4/1/2004	25				
26 Underpayment on line 17 x Number of days on line 25 x 4% 365	26	\$	\$	\$	\$
27 Number of days on line 20 after 3/31/2004 and before 7/1/2004	27	See Attached Worksheet			
28 Underpayment on line 17 x Number of days on line 27 x 4% 365	28	\$	\$	\$	\$
29 Number of days on line 20 after 6/30/2004 and before 10/1/2004	29				
30 Underpayment on line 17 x Number of days on line 29 x 4% 365	30	\$	\$	\$	\$
31 Number of days on line 20 after 9/30/2004 and before 1/1/2005	31				
32 Underpayment on line 17 x Number of days on line 31 x 4% 365	32	\$	\$	\$	\$
33 Number of days on line 20 after 12/31/2004 and before 2/16/2005	33				
34 Underpayment on line 17 x Number of days on line 33 x 4% 365	34	\$	\$	\$	\$
35 Add lines 22, 24, 26, 28, 30, 32, and 34	35	\$	\$	\$	\$
36 Penalty. Add columns (a) through (e), of line 35. Enter the total here and on Form 1120; line 33, Form 1120-A, line 29; or the comparable line for other income tax returns	36				\$

* For underpayments paid after March 31, 2004: For lines 28, 30, 32 and 34, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-1040 to get interest rate information.

Form 990-T
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Table with 6 columns: (A) *Date, (B) Amount, (C) Adjusted Balance Due, (D) Number Days Balance Due, (E) Daily Penalty Rate, (F) Penalty. Rows include dates from 04/15/03 to 03/31/04 with corresponding amounts and penalty rates.

Penalty Due (Sum of Column F)

* Date of estimated tax payment, withholding credit date or installment due date.

